

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT?

Yes X No

(CFA-4) Summary Sheet

FILE NUMBER

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

COMMITTEE INFORMATION		engalitigara ka ka utuka	A SHID OF WAREHOUSE
Full Name of Committee (as on Statement of Organization) Check if this is a new	name		
Committee to Elect Brian Ayer for Noblesville City Counci	1 At Large	9	
2. Acronym or Abbreviated Name (if any)	3. Committee	Telephone Number	r
College to the control of the contro	(317)	773–1895	
4. Mailing Address (address where all campaign finance correspondence is received)	Check if this is a	new address	
77 So. Ninth St.		TROUBER BORN	Transaction of
5. City, State, ZIP Code	10000	ation (if applicable)	
Noblesville, IN 46060	Republ:	Charles and the Control of the Contr	
CANDIDATE INFORMATION (For Candidate's C	And the second second second second	THE RESERVE AND ADDRESS OF THE PARTY OF THE	30.110.7121.7207
7. Full Name of Candidate (include any nickname)	The same of the same of	ation or If Independe	ent Candidate
Brian K. Ayer	Repub		27.20
9. Office Sought (Include district number, if any. Not required for exploratory committee.)	10. County o		
Noblesville City Council At Large	Hamil		
TYPE OF REPORT		SACRET DESIGNATION OF THE PERSON	ON CANDIDATES ONL
11. Check one:		Check one:	
Pre-Primary X Pre-Election Annual Nomination Other		Pre-Cor	nvention
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Use Outgoing Treasurer (within 10 days amend Statement	of Organization)	WILE WINDOWS TO THE PARTY OF TH	onvention
12. Reporting Period:	Safe, per Abposit	COLUMN A	COLUMN B
From: April 14, 2007 Through: Oct. 12, 2007	die se	illis Period	Hall Year to Date.
13. Cash on hand and investments at the beginning of this reporting period.	77.50	669.60	s leborard delication
14. Cash on hand and investments January 1, current year.		January Picture 1.	
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	NAME OF THE OWNER, OWNE	renderations	u de la propieta de Carsan
	35,525		
15a. Itemized (use Schedule A)		1,000.00	3,500.00
15b. Unitemized	TOTAL	635.00	1,035.00
130. Add lifes 13d and 13b in odd oddining		1,635.00	THE RESERVE
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	2,304.60	4,535.00
EXPENDITURES	Salatra de la constitución de la	o executivities and	, en reuniqualità (Fri
(Note: These amounts include in-kind expenditures and loan repayments.)	185030	DESCRIPTION OF THE PERSON OF T	
17a. Itemized (use Schedule B) (Public Question: use Schedule C)		2,126.65	4,357.05
17b. Uniternized	DTOTAL		
Tro, ride most tradition to the state of the	BTOTAL	2,148.65	4,379.05
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL	155.95	155.95
19. Debts OWED BY the committee (use Schedule D)		-00-	in the supplied
20. Debts OWED TO the committee (use Schedule E)		0 0	en ma energy of
CERTIFICATION			FOR OFFICE USE ONL
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORRECT	AND COMPLETE.	. 17
gnature on File Title	Date		
Treasurer	10/	17/2007	, U
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	10/	17/2007	
copied for sale or used for any commercial purpos	se. (/C 3-9-4-5) A no	rson who knowingly	



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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Page _	1	of	1	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT			RECEIVED BY
Toni L. Ayer 16071 Summer Rd. Noblesville, IN 46060	Contributions: Direct In-Kind (describe)	\$500.00	\$500.00	4/21/07
	Other Receipts: Interest Loan Misc. (specify)		salva e e gue	TLA
Contributor's Occupation (if required)	VIII			
2.	Contributions: Direct In-Kind (describe)	ned growth must		
	Other Receipts: Interest Loan Misc. (specify)	nows, believing more	over o for a	
Contributor's Occupation (if required)	DUS TO LICONS 9 C al.	THOUGH SERVICE	THUDING	
	Contributions:	AG-OT FAST EX	TALICIDIUS	(800 1000)
	In-Kind (describe)		57-1951 J. 1911 L.	
	Other Receipts: Interest Loan Misc. (specify)	THE LITTERS IN	in to from the	9 3140
Contributor's Occupation (if required)	- Action recognition			
4. (2) 1.2 t. (2) Astromes of the none	Contributions: Direct In-Kind (describe)	Section Section 5	the second	de deservición Ministrator
	Other Receipts: Interest Loan Misc. (specify)	a ladence ao	DA9 SHE DAD	Crosse Proposition
Contributor's Occupation (if required)	A DOME INALIBUTION A	ELLERIUS NO	4.353A= 1.14 =1	100 1001
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)	_			
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	1	of	1		

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
Ayer's Real Estate 77 So. Ninth St. Noblesville, IN 46060	Contributions: X Direct In-Kind (describe) Other Receipts: Interest Loan Misc. (specify)	\$500.00	\$1,000.00	10/1/07
	Contributions: Direct In-Kind (describe)	to azest tis protes	700 S-100 1 - 0	
	Other Receipts: Interest Loan Misc. (specify)	93470 90 KOND	uais facul ac	soma levy
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print
legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the
reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All
cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this
schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds,
rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year,
MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED TRECEIVED BY
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	Other Receipts: Interest Loan Misc. (specify)	rach s according	encepupis	
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committees). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Logan Street Sign & Banner 1720 S. DOth St. Noblesville, IN 46060	Printer	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$164.30	\$1,992.27	4/17/07
Indiana Newspapers 307 N. Pennsylvania Indianapolis, IN 46206	Newspaper	□ Direct □ In-Kind □ Payment of Debt □ Returned Contribution □ Other	\$297.09	\$ 297.09	4/24/07
Nob. Daily Times 152 So. 9th St. Noblesville, IN 46060	Newspaper	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$794.25	\$ 794.25	4/24/07
Noblesville Daily Times 152 So. Ninth St. Noblesville, IN 46060	Newspaper	⊠ Direct	\$115.00	\$ 909.25	5/07/07
Indiana Newspapers 307 N. Pennsylvania Indianapolis, IN 46206	Newspaper	Direct In-Kind Peyment of Debt Returned Contribution Other Purpose:	\$115.00	\$ 412.09	05/07/07
Dom DiCarlos 654 Logan St. Noblesville, IN 46060	Restaurant	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$261.53	\$ 261.53	05/08/07
Harcourt Industries 7765 S. 175 W. P.O. Box 128 Milroy, IN 46156	Printer	Direct in-Kind Payment of Debt Returned Contribution Other Purpose:	\$379.48	\$ 379.48	10/03/07
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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Enter Text of Public Question					
Type of Question: Statewide	Local				
Position: Supported Oppos		ur no a son t facteur			HOMES!
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount. OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	PAID	OUTSTANDING BALANCE THIS PERIOD
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
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